

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	COMPOSITIONS FOR PREVENTING HORMONE INDUCED ADVERSE EFFECTS
Attorney Docket Number::	LEVY=18A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity

Given Name:: Joseph
Middle Name::
Family Name:: LEVY
Name Suffix::
City of Residence:: Omer
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 10 Haruv Street
City of Mailing Address:: Omer
State or Province of Mailing Address:: Israel
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 84965
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity

Given Name:: Yoav
Middle Name::
Family Name:: SHARONI
Name Suffix::
City of Residence:: Omer
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 5 Ya'ara Street
City of Mailing Address:: Omer
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 84965

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing

This Application Continuation of

Application::

Date::

09/799,251

03/05/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Israel	135335	03/29/00	Yes

Assignment Information

Assignee Name::	Lycored Natural Products Industries Ltd.
Street of Mailing Address::	P.O. Box 320
City of Mailing Address::	Beer Sheva
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	84102